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Bib Data Sheet

CONFIRMATION NO. 5523

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/024,146   | <b>FILING DATE</b><br>12/21/2001<br><b>RULE</b>   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>0918.0097C |                                |
| <b>APPLICANTS</b><br>Yu-Jih Liu, Ledgewood, NJ;<br>Joseph John Visvader, Riverdale, NJ;<br>Jon William Schnabel, Nutley, NJ;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b> <i>None</i>  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>None</i>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/23/2002</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>2</i> |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>22   | <b>TOTAL CLAIMS</b><br>42                | <b>INDEPENDENT CLAIMS</b><br>5 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   |                               |   |  |                                |
| <b>ADDRESS</b><br>27896  |   |                               |   |  |                                |
| <b>TITLE</b><br>Method and apparatus for on demand multicast and unicast using controlled flood multicast communications   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1304   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |